



AF-1636  
IPLW

USSN: 10/055,711  
Dkt. No.: 8325-0025  
Client Ref: S25-US1

**PATENT**

**CERTIFICATE OF MAILING PURSUANT TO 37 CFR § 1.8**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 5, 2005.

12/5/05  
Date

Michelle Hobson  
Signature

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

REBAR et al.

Serial No.: 10/055,711

Filing Date: January 22, 2002

Title: MODIFIED ZINC FINGER BINDING  
PROTEINS

Examiner: T. McKelvey

Group Art Unit: 1636

Confirmation No.: 6236

Customer No.: 20855

**TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313

Sir:

Transmitted herewith for filing, please find the following documents:

- ☒ Response to Final Office Action – Expedited Procedure (5 pages)
- ☒ Information Disclosure Statement (3 pages) with attached PTO/SB/08A (1 page) and attached references C1 & C2
- ☒ Return receipt postcard

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The fee is calculated as follows:


|  | NO. OF<br>CLAIMS | CLAIMS<br>PREVIOUSLY<br>PAID FOR | EXTRA<br>CLAIMS | RATE       | FEE             |
|--|------------------|----------------------------------|-----------------|------------|-----------------|
| Total Claims   | 51               | - 52                             | 0               | x \$50.00  | \$0             |
| Independent<br>Claims  | 3                | - 3                              | 0               | x \$200.00 | \$0             |
| Multiple dependent claims not previously presented, add \$360.00 |                  |                                  |                 |            | \$0             |
| Total Amendment Fee  |                  |                                  |                 |            | \$0             |
| Information Disclosure Statement Fee                             |                  |                                  |                 |            | \$180.00        |
| Small Entity Reduction (if applicable)                           |                  |                                  |                 |            | \$0             |
| <b>TOTAL FEE DUE</b>   |                  |                                  |                 |            | <b>\$180.00</b> |

X Check in the amount of \$180.00

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: December 5, 2005

By:   
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